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PTO/SB/22 (12-04)

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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				03-C-007	
Application Number 10/695239-Conf. #4335			Filed	October 27, 2003	
For ME	MORY CIRC	JIT AND METHOD FOR CO	RRUPTING STORI	ED DATA	
Art Unit	2824		<u>-</u>	Examiner	V. A. Le
identified a	application.	the provisions of 37 CFR 1.1			
The reque	sted extensio	n and fee are as follows (che	eck time period desi		
	7		<u>Fee</u>	Small Entity	
×		(37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
	Two month	s (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three mont	hs (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four month	s (37 CFR 1.17(a)(4))	\$1590	\$795	\$
· .	Five month	s (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
An	olicant claims	small entity status. See 37 (	CFR 1.27.		
<u> </u>		mount of the fee is enclosed.			
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		already been authorized to	_	•	
	e Director is hiposit Account	ereby authorized to charge a Number 10-0447	•		credit any overpayment, to copy of this sheet.
Del	posit Account	10-0447	. Thave encid	oseu a duplicate	copy of this sheet.
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I am th	e a	pplicant/inventor.			
	a	ssignee of record of the entities Statement ander 37 CFR			3/96)
	x a	ttorney or agent of record. F	1		
					·
	السا الم	ttorney or agent under 37 Cf Registration number if acting u			
			nucl of GTX 1.04		
		Signature			July 19, 2005 Date
		Andre M. Szuwalski		(2	214) 855-4795
		Typed or printed name			ephone Number
	ignatures of all the signature is require	inventors or assignees of record of the d, see below.	entire interest or their repre	esentative(s) are requi	red. Submit multiple forms if more
] 1	Total of	1 forms are submi	tted.		
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I hereby ce	rtify that this con	respondence is being deposited wi	ith the U.S. Postal Sent	ice with sufficient p	ostage as First Class Mail, in

an envelope addressed to: MS AMENDMENT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22318 1450, on the date shown below.

Dated:

Signature:

(Margo Barbarash)

FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  AT Unit 2824  TOTAL AMOUNT OF PAYMENT (Sheek all that apply)  X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s)	<b>F</b> '			0	pond to a stanger	Cor	nark Office; U.S. DE tion unless it display nplete if Know	/n	
FIGURE FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (5) 120.00  Attorney Docket No. 03-C-007  METHOD OF PAYMENT (check all that apply)  X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number, 10-0447 Deposit Account Name Jenkens & Gilchrist, a Professional Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayment of lee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH F				. 4818). <i>[</i>	Application Num	· · · · · · · · · · · · · · · · · · ·			
FIGURE FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (5) 120.00  Attorney Docket No. 03-C-007  METHOD OF PAYMENT (check all that apply)  X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number, 10-0447 Deposit Account Name Jenkens & Gilchrist, a Professional Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayment of lee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH F	FEE TR	ANSM	ITTAL	F	iling Date		October 27, 20	003	
Applicant claims small entity status. See 37 CFR 1.27  AT Unit 2824  TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. 03-C-007  METHOD OF PAYMENT (check all that apply)  X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, Number: 10-0447 Deposit Account Name Jenkens & Gilchrist, a Professional Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayment of (es(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH				F	First Named Inventor				
METHOD OF PAYMENT (check all that apply)	<u> </u>	rri Zuut	)	<u>E</u>					
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling for fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  I. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Small Entity  Small Entity  Small Entity  Small Entity  Pee (\$) Fee (\$)	X Check Credi	t Card	1oney Order	None	Other (	please ider	tify):	_	
Charge fee(s) indicated below. Extra Claims  Charge fee(s) indicated below. Extra Claims  Total Claims  Sea First Claims  Total Claims  Sea First Claims  Sea First Claims  Fee (S)  Fee (S)  Fee (S)  Fee (S)  Fee Paid (S)	Deposit Account [	eposit Account Numb	er: 10-0447 De	eposit Accour	nt Name: Jenke	ns & Gil	christ, a Profes	sional Cor	poration
X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Cr	For the above-id	entified deposit a	account, the Dir	rector is h	ereby authorize	ed to: (che	ck all that apply)		
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Sextra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  6  6  6=  x  =  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Registration No. (Actioney/Agent)	2. EXCESS CLAIM FEE	S							Small Entit
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	Fee Description								•
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									<u>-</u>
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- 100 = /50 (round up to a whole number) x = //4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY  signature Registration No. (Attorney/Agent) 35,701 Telephone (214) 855-4795	- C		• •		•		•		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month  120.00  Registration No. (Attorney/Agent) 35,701 Telephone (214) 855-4795	Total Sheets	Extra Sheets	<u>Number of</u>					<u>Fee F</u>	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY  Registration No. (Attorney/Agent) 35,701 Telephone (214) 855-4795	100 -		/50	——————————————————————————————————————	ound up to a who	le number)	x	=	D = 1 -1 (A)
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(Attomey/Agent) 35,701 Telephone (214) 855-4795	4. OTHER FEE(S)  Non-English Specific  Other (e.g., late filing	// \} //	, ,	/	onse within fir	st montr			
Name (Print/Type) Andre M. Szuwalski July 19, 2005	A. OTHER FEE(S)  Non-English Specific Other (e.g., late filing	// \} //	, ,	for resp				(244) 96	E 470E
	A. OTHER FEE(S)  Non-English Specific Other (e.g., late filing  SUBMITTED BY  Signature	g kurcharge): 12	51 Extension	for resp	egistration No.		Telephone		
	4. OTHER FEE(S)  Non-English Specific Other (e.g., late filing  SUBMITTED BY  Signature	g kurcharge): 12	51 Extension	for resp	egistration No.		Telephone		
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I hereby certify that this correspondence is being deposited with the U.S. Astal Service with sufficient postage as First Class Mail, in	4. OTHER FEE(S)  Non-English Specific Other (e.g., late filing SUBMITTED BY Signature  Name (Print/Type) Andre	M. Szuwalski	51 Extension	for resp	egistration No. ttorney/Agent)	35,701	Telephone Date	July 19,	2005
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AMENDMENT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	Non-English Specific Other (e.g., late filing SUBMITTED BY ignature Name (Print/Type) Andre I hereby certify that this can envelope addressed	M. Szuwalski	51 Extension	for resp	egistration No. ttorney/Agent)	35,701	Telephone Date	July 19,	2005



etition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: Time:

July 18, 2005

3:51 PM

Docket:

03-C-007

Filing Date:

October 27, 2003

Application No:

10/695239

Total Fee:

\$ 120.00

Code Amount 37 CFR Fee Description Listed on

1251 120.00 1.17(a)(1) Extension for response within first month

Fee Transmittal (PTO SB-17)